

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

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Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Allison Feikes

Employing Office/Committee: Braun

Travel Expenses Paid by (List all sources): The Hoover Institute

Travel Date(s): August 19-21, 2019

Description/Title of Attached Forms: RE-1

Purpose of Amendment (describe the reason for amending original submission): My original was handwritten

3/3/2020
(Date)

Allison Feikes
(Signature of Traveler)

Date/Time Stamp:

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics** in **SH-220**. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

ETHIC JUL15'19AM10:18

Allison Feikes

Name of Traveler: _____

Senator Braun

Employing Office/Committee: _____

Stanford University's Hoover Institute

Private Sponsor(s) (list all): _____

August 19-21, 2019

Travel date(s): _____

Note: If you plan to extend the trip for any reason you must notify the Committee.

Stanford University, Stanford, CA

Destination(s): _____

Explain how this trip is specifically connected to the traveler's official or representational duties:

I am a Legislative Assistant handling foreign policy, pensions, and some defense related issues. This trip will allow staffers to meet with policy practitioners who are experienced in these areas. By attending this trip, I will gain a better understanding of major issues in my legislative portfolio.

Name of accompanying family member (if any): _____

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

7/15/19
(Date)

Allison Feikes
(Signature of Employee)

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Mike Braun hereby authorize Allison Feikes
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

7/15/19
(Date)

Mike Braun
(Signature of Supervising Senator/Officer)